

State: KENTUCKY

Service	Type of Charge Deduct. Coins. Copay.			Amount and Basis for Determination

HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: KENTUCKY

B. The method used to collect cost sharing charges for medically needy individuals: Not applicable

☐ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Not applicable

TN No. 85-12
Supersedes
TN No. --

Approval Date DEC 1 1985 Effective Date 10-1-85

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- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Not applicable

- E. Cumulative maximums on charges: Not applicable

☒ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

TN No. 85-12

Supersedes

TN No. --

Approval Date 10-1-85

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